

## Application for Access to Records Freedom of Information Law (FOIL) Monroe County, New York

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			Monroe	County,	N e w	York	
I hereby apply to	inspect	obtain a copy	y of the follow	ing records:*			
Please be specific:							

Name: Signature:

Representing: (if applicable) Date:

Mailing Address: Telephone: (include area code)

City, state, zip code:

\*There is no charge for the inspection of documents; however, if duplication is requested by you, a charge of \$.25 per page is payable to Monroe County.

Notice: You have a right to appeal denial of this application.

## **Send Request to:**

Monroe County Access Officer
204 County Office Building • 39 West Main Street • Rochester, New York 14614

Phone: (585) 753-1080 • fax: (585) 753-1068 • www.monroecounty.gov